

AUG 27 2010 17:08 FR THOMSON LICENSING 609 734 6888 TO 815712738300

AUG 27 2010

PTO/SB/87 (08-03)

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- ATTACHED:
- FEE TRANSMITTAL (PTO/SB/17), in duplicate;
 - RCE (PTO/SB/30), in duplicate; and
 - INFORMATION DISCLOSURE STATEMENT (PTO/SB/08a).

Serial No.: 10/087,002
Art Unit: 2621

Examiner: Heather Rae Jones
Docket No.: PU020019

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 6

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Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4816).

FEE TRANSMITTAL

for FY 2007

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

\$10.00

Complete if Known

Application Number	10/087,002
Filing Date	March 1, 2002
First Named Inventor	Ronald Lynn Blair
Examiner Name	Heather Rae Jones
Art Unit	2621

AUG 27 2010

Attorney Docket No. PU020019 Customer No. 24498

METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498

- Check Credit card Money Order None Other (please identify): _____
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	180	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

Total Claims

360

180

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =

x \$50

= \$

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =

x \$200

= 0

HP = highest number of independent claims paid for, if greater than 3.

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

(round up to a whole number) x

Fee (\$)

Fee Paid (\$)

- 100 =

/ 50 =

(round up to a whole number) x

Fee (\$)

Fee Paid (\$)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **FEES FOR RCE**

- \$810.00

\$810.00

SUBMITTED BY

Name (Print/Type)	JORGE TONY VILLABON	Registration No. (Attorney/Agent)	52,322	Telephone	(609) 734-6445
Signature	<i>[Signature]</i>				August 27, 2010

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